

*Medical  
Supervised  
Living  
5. 1.18*

*Supporting a Better  
Tomorrow...  
One Person at a Time*





## Definition

- Intended to support people who:

*Have a chronic physical or medical condition requiring prolonged dependency on medical treatment for which skilled nursing intervention is necessary*

## Definition

- May be characterized by one of the following:
  - A condition(s) that requires medical supervision and physician treatment/consultation
  - The need for administration of specialized, medically necessary treatments such as injection, wound care, etc.
  - Dependence on medical technology requiring nursing oversight such as feeding tubes or continuous oxygen

## Definition

- May be characterized by one of the following:
  - Need for administration of specialized treatments ordered by a physician or nurse practitioner
  - Other medical support needs that are approved by the DMH Specialized Needs Committee
  - Require frequent nursing oversight to include, at a minimum, monthly nursing assessments



## DMH Specialized Needs Committee

- Makes determination of appropriateness for Medical Supervised Living
- Registered Nurse, Behavior Consultant, Advocate, BIDD staff person

## DMH Specialized Needs Committee

- Meets Mondays at 2:00
- Required documentation submitted at one time to the Support Coordinator who submits it to BIDD within 5 days of receipt, via LTSS
  - Information will not be accepted in pieces
- Reviews documentation submitted to BIDD on or before Wednesday of the prior week
- BIDD staff sends documentation to Specialized Needs Committee for review

## Required Documentation & the Responsible Party

- Three types of scenarios:
  - Someone already in Supervised Living
  - Someone moving from home
  - Someone moving from an institution



# Someone already Receiving Supervised Living

**Responsible Party:** Supervised Living Provider

- A detailed description of the medical condition(s) the person has that have resulted in a need for increased/new support needs that can only be addressed by or under the supervision of nursing staff
- The reason(s) why the person's current level of staffing/staff qualifications/current living arrangement is not sufficient
- Copies of any Serious Incident reports for the past six (6) months



# Someone already Receiving Supervised Living

**Responsible Party:** Support Coordinator

- Service Notes from the previous 3 months from all providers of all services a person receives

# Someone already Receiving Supervised Living

**Responsible Party:** Supervised Living provider

- A complete list of all medications

**Responsible Party:** Supervised Living provider/Family

- Documentation obtained from any medical providers during the previous three (3) months or any other medical documentation deemed relevant to the situation

**Responsible Party : Supervised Living Provider**

- Documentation from a physician/nurse practitioner that states the type(s) of treatment the person requires, the strategies necessary to provide the treatment(s), the length of time it takes to administer the treatment(s), and the length of time the treatment(s) is expected to last  
Other documentation deemed relevant to support the request

**Responsible Party: Supervised Living provider/Family**

- Other documentation to support the request

# Someone Moving from Home

## **Responsible Party: Providers/Family**

- A detailed description of the medical condition(s) the person has that have resulted in a need Medical Supervised Living

## **Responsible Party: Support Coordinator**

- Service Notes for the past three (3) months from all providers of all services a person receives



# Someone Moving from Home

## **Responsible Party:** Family

- A complete list of all medications
- Documentation obtained from any medical providers during the previous three (3) months or any other medical documentation deemed relevant to the situation
- Documentation from a physician that states the type(s) of treatment the person requires, the strategies necessary to provide the treatment(s), the length of time it takes to administer the treatment(s), and the length of time the treatment(s) is expected to last

## **Responsible Party:** Current providers/Family

- Other documentation as needed to support request

# Someone Moving from an Institution to the Community

**Responsible Party:** Transition Coordinator

- History and Physical
- Physician's Progress Notes from past 6 months
- Physician orders for the past year
- Consults from other professionals during the past year
- Complete list of all medications
- Nutrition Evaluation
- Seizure records from the past 6 months
- Documentation from a physician that states the type(s) of treatment the person requires upon moving to Medical Supervised Living, the strategies necessary to provide the treatment(s), the length of time it takes to administer the treatment(s), and the length of time the treatment(s) is expected to last

**Responsible Party:** Transition Coordinator/Staff/Family

- Other relevant documentation

## Someone Moving from an Institution to the Community

- The required documentation for people moving from an institution and seeking Medical Supervised Living should be submitted to the DMH Specialized Needs Committee, via BIDD staff, in sufficient time ahead of the move to allow the Committee make a determination as to whether the service will be approved



# Pre-Admission Requirements

- Provider must arrange for a Nursing Assessment by a RN before/same day person begins receiving services
- The following systems must be addressed:

Systems to be Addressed	
Integument	Head
Eyes and vision	Neck
Ears and hearing	Thorax, lungs & abdomen
Nose and sinus	Extremities
Mouth	Fall risks

- The Nursing Assessment must result in a Nursing Care Plan

## Staff Training for Someone Moving to Medical Supervised Living from Home:

- Staff must be trained before or upon admission
- Conducted by a nurse, Nurse Practitioner, or physician
- Others who know the person well (family, other caregivers) may also provide information

## Staff Training for Someone Already Living in Supervised Living

- Current staff must be trained regarding the person's individualized support needs as related to Medical Supervised Living and their duties in caring for the person



## Documentation of Staff Training

- Must be in the PERSON's record
  - Regardless of if the person has been living in the Supervised Living arrangement or is moving from home or an institution
  - Must have date(s) of training and signatures of staff providing, as well staff receiving, the training

# Additional Documentation Requirements

- In addition to requirements in DMH Record Guide there must be:
  - Monthly nursing notes and assessment from RN that include, at a minimum:
    - Summary of all visits/contacts related to person's physical/medical conditions
    - Description of current physical/medical condition(s)
    - Status of physician's orders, lab/diagnostic tests, specialist evaluations, medical appointments, medications, treatment and/or equipment
    - Description of skilled nursing services provided and person's response to interventions

# Additional Requirements

- There must be a nurse (RN or LPN) on call 24/7 to respond to requests/assistance from staff in the home
- LPNs can provide daily care



## Ongoing Review for Need of Medical Supervised Living

- DMH Specialized Needs Committee reviews required documentation at least annually, before recertification, to determine ongoing need for the service
- Required documentation must be submitted to the person's Support Coordinator within 90 days of the person's certification end date
- Support Coordinator submits to Specialized Needs Committee
- All required documentation must be sent as a whole to the Support Coordinator; partial submissions will not be accepted

## Ongoing Review for Need of Medical Supervised Living

- The following information must be submitted:
  - Nurse's notes for the past 6 months
  - Nursing assessments
  - Nursing Care Plan
  - Relevant information from other providers (Home Health, day program, etc.)

## Short Term Medical Supervised Living

- A person can receive Medical Supervised Living on a short term basis (60 days) in order to recover from an illness or procedure because of the need for more intensive medical care than can be provided in traditional Supervised Living/Shared Supported Living/Supported Living
- The need for Short Term Medical Supervised Living will be evaluated by the DMH Specialized Needs Committee



## Short Term Medical Supervised Living

- The following must be submitted to the Support Coordinator for submission to the Specialized Needs Committee before Short Term Medical Supervised Living can be authorized:
  - Physician/Specialty evaluation notes (provider/family responsibility)
  - Discharge Plan (provider/family responsibility)
  - Other information deemed relevant to support the need for the service (provider/family responsibility)

## Short Term Medical Supervised Living

- If, after 45 days, it appears the person will need additional Short Term Medical Supervised Living, the provider must submit the following to the Support Coordinator who will submit it to the Specialized Needs Committee:
  - Estimated number of additional days needed
  - Justification for the additional days
  - Nurse's notes since the beginning of the stay
  - All Nursing Assessments
  - The Nursing Care Plan
  - Any information from other providers (Home Health, therapists, etc.)

